

DOCKET NO: D5858

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

**NICOLE ULLRICH**

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and co-inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: *Novel Method Of Diagnosing And Treating Gliomas*, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a), including information which became known to me between the filing date of the prior application and the national or PCT international filing date of this patent application.

3 total

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Dr. Martin L. McGregor, Registration No. 29,239, Dr. Benjamin Adler, Registration No. 35,423 and Sarah J. Brashears, Registration No. 38,087. Address all telephone calls to telephone number 713/777-2321. Address all correspondence to, McGREGOR & ADLER, 8011 Candle Lane, Houston, TX 77071.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: NICOLE ULLRICH

1-00

Inventor's Signature: Nicole UllrichDate: 12/26/96Residence Address: 611 Fairfield Beach Rd., Fairfield, CT 06430

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Citizen of: United States of AmericaPost Office Address: Fairfield, CT 06430

OVER

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## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

**HARALD W. SONTHEIMER**

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and co-inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: *Novel Method Of Diagnosing And Treating Gliomas*, the specification of which is attached hereto.

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Full Name of Inventor: HARALD W. SONTHEIMER

Inventor's Signature: Harald W. Sontheimer Date: 12/26/96

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